

Chamber should want it. So no taxpayer-funded coverage for illegal immigrants. Number 7. Now, the last three items in this Health Care Bill of Rights, we've spent a little time here, Mr. Speaker, talking about what my bill would prohibit in any health care or health insurance reform. Now, I want to talk about the next three items, 8, 9 and 10, which would assure what we have in any health care reform bill or health insurance reform.

And Number 8, and the President has been very firm on this, and I agree with him completely. The Democratic majority has been very firm on this, and I agree with them completely. Pre-existing condition coverage. Insurance companies would not be allowed to deny coverage to people because of pre-existing conditions. And that denial can take two shapes, Mr. Speaker. It can be an outright denial of saying, No, I'm sorry, you know, you've got high blood pressure or you've got diabetes or you've had a coronary bypass and we're not going to offer you insurance. You're just not insurable. You're too big a risk for us.

Or they could do it another way and say, oh, yeah, heck yeah, we'll cover you. We're a great, good company and want to get some good PR out of this. But oh, by the way, your premium's going to be four times standard rates.

Well, that's pretty much a denial too. People can't afford that, so Number 8 is very important. Preexisting condition coverage. You know, you think about somebody that—I talked about young people and wanting to encourage them to have health insurance. Let's say you are 19 years old, straight out of high school and have your first job, or 25 years old, right out of college or graduate school, have your first job, and you're one of those people I described that's in good health and you think, gee, you know, I'd rather just kind of go bare and pay my own way. And I'll put money aside each month in an escrow account. I'll have a special savings account, and I'll save this money, and when I need it—hopefully I won't. Maybe I'll have an annual physical and spend \$175. But I'm not going to get sick because I'm taking care of myself. I'm not like a lot of people who show no personal responsibility in regard to their own health.

And so you know, they really don't want to spend \$400, \$500, \$600 a month paying a premium when they're not using it. But they do it anyway. They do it anyway. And they work for a company for 20 years, and for the first 15 they're paying that same premium that everybody else pays. They have to because of the Federal law, called HIPPA, and they're paying those premiums but yet the insurance company is not having to pay out any claims for them.

But during that time, you know, all of a sudden they get a little skin cancer that has to be removed. Or maybe they have a little chest pain and it turns out they've got some coronary

blockage or their blood pressure goes up. And you know, here they've been paying, and then all of a sudden we get an economy like we have today and they lose their job, and then they try to get insurance after COBRA runs out, if they're even eligible—they have to work for a company that has more than 20 employees to be eligible for COBRA. And let's say that runs out. And then they're out of luck. Mr. Speaker, they can't get coverage.

Well, that's not fair. That's absolutely unfair. And I would say, under Number 8, to the insurance companies, you need to cover that person for the rest of their life, or at least until they go on Medicare, and you need to cover them at standard rates because you have made a really good profit off of them and now, when they need you, you should not be allowed to abandon them. These are the kind of things that we can agree on. And I think we do. And quite honestly, Mr. Speaker, I think the insurance industry, the health insurance industry, they're ready to do that. They have already made commitments and they're ready to do that. And these are some of the things that we can do. And that's Number 8 in my Health Care Bill of Rights.

The ninth thing, we've already talked about a little bit, medical liability reform. You know, there are a lot of different ideas out there, not just mine, although I've introduced a bill every year since I've been here for the last 7 years, calling on certain specific things. I won't get into the details today, Mr. Speaker, but it's called the Health Act. And it's a fair bill that guarantees that patients that get injured by a health care provider or hospital where they're practicing below the standard of care for that community, they've just messed up, that patients do not lose their right to a redress of their grievances to be compensated for their lost wages and for any health care that they need for the rest of their lives, quite honestly. In some cases you're talking about a compensation or a judgment in the millions of dollars.

So we don't deny that in wanting liability reform. What we try to do is cut down on frivolous lawsuits so that doctors are not spending so much time worrying about this and running up the cost of health care for everybody else by ordering needless, cover-your-back tests that, in some cases, could be downright detrimental to the health of the patient. And of course, so many doctors in high-risk specialties, at a fairly young age, before they turn 50, they give it up. They stop delivering babies. They won't go to the emergency room. So surely the President means what he says when at least he promises pilot projects on medical liability reform.

Please, Mr. President, please, it could save \$120 billion a year. You would not have to tax people, the small business men and women \$800 billion and cause us to lose more jobs, and you would not

have to gut Medicare if you'll do these things. And Number 10. And this is the last in the list of the 10 prescriptions for a healthy America, called the Health Care Bill of Rights, H.R. 3700, the promise to reduce health care cost. Why should we do anything if it doesn't bring down the cost? And so far, Mr. Speaker, the Congressional Budget Office is just saying repeatedly, it doesn't.

What this bill, H.R. 3200, no matter how you slice it and dice it and combine it with the one out of the Ways and Means Committee and the one that came through the Education and Labor Committee and you shake it all around and let it come through the Rules Committee; it doesn't bring down the cost. In fact, it bends the curve in the wrong direction. So my bill would assure that we reduce health care cost. H.R. 3400 does that. Senator Dr. TOM COBURN's bill that he cosponsored with Representative PAUL RYAN from Wisconsin, our ranking member on the Budget Committee here in the House—that bill brings down the cost of health care.

So that's my pledge. That's the bill that I wanted to talk about today to my colleagues, Mr. Speaker, and I hope that they will look at it. You know, I've got a—I carry this around in my pocket. And colleagues, you can go to gingrey.house.gov and look for the Health Care Bill of Rights or 10 Prescriptions for a Healthy America. That's what we've talked about here over this last hour, almost an hour. And I commend it to my colleagues, and I welcome their ideas. My door's open, just as the President said his door's open and he welcomes our ideas. It's a sharing. It's a bipartisan thing. Yes, let's stop bickering and let's get the job done. I thank you for the time, Mr. Speaker, and I will now yield back.

HEALTH CARE REFORM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Iowa (Mr. KING) is recognized for 60 minutes.

Mr. KING of Iowa. Mr. Speaker, I appreciate the privilege and honor of addressing you here on the floor of the House of Representatives. And I also appreciate the opportunity to listen to my good friend and colleague, Dr. GINGREY from Georgia. I think he's actually putting out a few more words per minute than he usually does. This is a passionate subject matter for him, and the bills that he's introduced and the foundation that he's laid, I think, is an excellent rebuttal to the statement that was made earlier in the 5 minutes by the gentlelady from California who said, Republicans, where is your plan on health care?

Well, we have many, many plans on health care. And we have many, many ideas on how to address this. And they are consistent. They are consistent with human freedom and the instincts of humanity. They're consistent with

the marketplace, consistent with the foundation of what has made this a great country. And on the other side of the aisle they seem to be consistent with managed economies and managed societies, the kind of societies that have always failed, the kind of societies that have drained away human ambition and put countries, entire nationalities in a position where, I believe it was Ronald Reagan that said, In the Soviet Union they pretend to pay people, and in the Soviet Union, people pretend to work.

There's something about human nature that we understand over here on this side of the aisle, and we want the best out of all of us. And so I'd take us back to the broader structure of what has been delivered here on the House. There's really only one bill out here that has passed out of committees and is before the American people as the subject matter to be discussed, and that is, here in the House, H.R. 3200. And I have, first, Mr. Speaker, a diagram of the previous bill that came out in 1993 and '94 that was known in many ways as HillaryCare. And so I have an observation here that I will post. This, Mr. Speaker, is the flow chart of HillaryCare. This is out of the archives of the New York Times. And it also is very close, if not identical to the flow chart that was on the wall of my office back in the early and mid-nineties, actually all the way through the nineties.

This is the flow chart that was laid out when the previous attempt to take over health care, for the government to take over the American health care system, was made. Here, on this floor, a few feet behind where I stand now, at the time President Bill Clinton came to the floor, September 22, 1993, and he did the unprecedented thing. He asked to address a joint session in Congress to speak of a subject matter that wasn't about war. That was the unprecedented component of it. But it was about the Federal Government taking over 100 percent of the health insurance and health care delivery system in the United States of America. That is a huge reach, and it was something that mobilized the American people in opposition. There were good reports on President Clinton's speech immediately after he gave it, because he, like our current President, had an ability and retains that ability to be a compelling speaker and to move people with the force of his words and not necessarily the force of ideas, but the tone and the force of the words themselves.

So President Clinton, in the aftermath of that September 22, 1993, speech right here to this joint session of Congress, his numbers moved and it looked like he had perhaps broken the dam and there was going to be a National Health Care Act that would transform and take over the entire health insurance industry and the health care delivery system in the United States.

□ 1630

We know how that came out, Mr. Speaker. We look back on that 15 years ago, we know how it came out. And that was there was a push-back across the land. I don't know that we actually used that expression in those days. But I recall Harry Louis and I recall Senator Phil Gramm, who, right down this hallway at the other end of the doors that you and I are facing, Mr. Speaker, at the other end of this Capitol Building, stood on the floor of the United States Senate and he said, This National Health Care Act will pass over my cold, dead, political body. That was Senator Phil Gramm. And a lot of people thought that his political body was going to be cold and dead and that we would have HillaryCare in America.

It didn't take 15 years to find the results of that, Mr. Speaker, because the American people rejected the idea that the freedom that they had to purchase their own health insurance and the freedom that they had to make many of their own decisions with their doctor in the marketplace would be taken away, and it would be government run and government owned.

This is the flowchart that described it better than anything else. I would submit as we look at these stacks of bills, an 1,100-page bill in H.R. 3200, the health care bill that has passed out of committee and is here waiting to come to the floor of the House, you can't understand the language; I don't care how good a lawyer you are if you have some diagrams. And you have to be able to look at the flowchart and track through the diagrams to find out what the language does, draw some pictures, so to speak. And even then I believe it is impossible for a single individual to analyze this legislation and be able to predict the pitfalls that are created by the vagaries in the language. There are many.

But this was enough to scare the living daylight out of the American people and me. And in fact, Mr. Speaker, this flowchart was one of the significant components that drove me to take time away from my private business, the construction business that I started in 1975.

And, Mr. Speaker, I seldom tell the story about that background, but I think for the sake of those who are listening—and we all want to evaluate the background of the people that are making recommendations for all 306 million Americans. For me, Mr. Speaker, I grew up in a lower-middle class family. My father was a law enforcement worker, a manager of the State police radio station, middle-level management. So he had pressure from the Governor on down and then he had some people who worked underneath him. Great reverence for the rule of law, a profound work ethic that something had to be going on all the time and you had to constantly be making progress.

That was my background. No business background.

But by 1975, Mr. Speaker, I had concluded that if I were going to control my destiny, it didn't pay for me to sit back and wait for the government to send me a check. The eagle wasn't going to fly for STEVE KING unless I did something to make the nest and get the eggs laid and hatch those eggs out. I had to take care of my own destiny.

So one day in June of 1975, I decided that I didn't have a lot of alternatives, but one of those was to take a risk and a chance and start a business. And I decided it was the best alternative. And so by August of that year, I had borrowed a hundred percent and gone out and bought a bulldozer, and that was the business, it was the foundation of the business. I don't know how many hundred pounds of welding rods I burned on that machine and how much repair work I had to do just to put it out on the job for the first hour. By the way, it broke down again in the first half a day and back to the shop it went, and I had to tear it completely down, rebuild it again and try again.

Many of us who have started businesses got knocked down over and over again, picked ourselves up again, and in the process of doing that were forced to learn the components of running a business. And anybody that started out with—I'll say for me it was a negative net worth in a highly capital-intensive business and had to meet payroll and meet the government regulations. And by the way, back then—I did a count. I had 43 government agencies that regulated my business. I had to answer to 43 government agencies, and if any one of them stepped in at any time and declared me to be out of compliance, they could either levy a fine or shut me down.

Government was then the biggest fear that I had when I started the business. I wasn't worried so much about whether I could do the work or I could repair the machines or whether I could drive the truck. I wasn't even so worried about whether I could market the service that I had decided to provide. All of those things were going to take time and effort, and all of those skills had to be improved upon. But the one I was most concerned about was how do I possibly meet all of the government regulations that I don't even know.

And there isn't any one single contact go-to point that any person who is starting a business to find out how many regulations you're going to have to meet, what will be the nature of that regulation. If you just stacked it all up, stacked up all of the paperwork and the regulations for 43 agencies that regulated me at that time, if I had known that, that would have been enough to scare me completely out of business before I ever went into business.

I lay this background to tell you, Mr. Speaker, that I met payroll for over 28 years, over 1,400 consecutive weeks, and I paid myself last, if at all; and I paid my employees first and then I fed the kids. But we got through those

years, and we had our ups and downs. And I would never categorize it as a magnificent success except that being a business owner, a founder and a manager had laid the groundwork for me to understand the components of the other businesses in the country and gave me the tools that I had the flexibility to raise my family in a fashion that I thought was far more constructive than it might have been if someone else were telling me when and where I was going to show up to work. And it also gave me a burning desire to try to clear some of the path for others that might want to do the same thing.

So regulation has always been, I'll say in the last couple of generations anyway, the number one concern of business. What will government do not for us, but what will government do to us.

So this was 1975 when I began. We had our ups and downs, Mr. Speaker. I had barely gotten a position that I was even there to be a target of the farm crisis in the 1980s. But I went through all of that, and many of us got hammered flat over and over again and got back up. And some of my neighbors didn't make it. And some of them, their spirit was destroyed even though they made it. Those were tough years.

And the floods in 1993 and the other experiences along the way that I could chart on my financial statements, the ups and downs, all are triggered with some kind of an event.

But the experience of dealing with government and the experience of having to be my own accountant, mechanic, truck driver, my own sales manager, my own human resources manager, my own equipment operator, sometimes my shovel operator, sometimes the wrench operator, sometimes just the person who is the superintendent that steers everybody else when things are working and it's all in tune, that's when you're the least busy. I went through all of that.

I had to also deal with lawyers and insurance men and also, of course, our bankers. All of that laid a background and I think a knowledge base that's been so very useful here in public life.

But of all of the things that I mentioned, the one that's concerned me the most from the beginning, and the greatest impediment to people who might be entrepreneurs that want to establish and found a business, are government regulations. And this spider web of government regulations that were created by HillaryCare was enough to—didn't scare me out of business because it didn't pass over Senator Phil Gramm's cold, dead, political body, but it was enough to scare me towards politics, if not completely into politics. And I think it was enough to scare the living daylights out of the American people, and they killed HillaryCare.

Now we have the modern era. Fast forward 15 years, Mr. Speaker. The previous chart, Mr. Speaker, was black and white. This is in full living techni-

color. This is a 2009 version, the most recent version of a government takeover of the health care industry; and I mean, Mr. Speaker, the health insurance industry and the health care delivery industry in America. This 17½ percent of our Nation's economy and this flowchart with this full color is scarier yet.

Now, I don't mean that it's actually scarier by functionality, because marginally it at least leaves the opportunity for health insurance companies to survive for a while. But, Mr. Speaker, it certainly sets the scene for the destruction of every private health insurance company in the United States and the elimination, potentially, of every health insurance policy in the United States. In fact, H.R. 3200 compels that every health insurance policy within 5 years be approved by the health choices administration commissioner.

This bill sets up a new health choices czar. It calls him a commissioner because Americans are full up to here with czars, but this is a health choice administration commissioner. I don't know that he's a czar; I don't know that he's a commissioner; I don't know if he's a commissar. So I have called him the Health choice administration's commi-czar-issioner. And he would be the person who heads up this commission through which every health insurance company here, the private insurers, everything in white on this are existing. Those in color are newly created agencies, departments, and functionalities.

Thirteen hundred private health insurance companies. That sounds like a big number. Some of those companies have names for the different States that they operate in. But, Mr. Speaker, 1,300 health insurance companies here and the 100,000 potential, I'll say existing, policy variations here, the traditional health insurance plans, would all have to be qualified by this new commi-czar-issioner's board in order to provide through this period of 5 years to qualify, in order to provide the qualified health benefits plans.

So every health insurance policy in America would have 5 years to be approved by the new health choices commi-czar-issioner. And the regulations would be written by them. So we have a piece of legislation that sets up a commission that would write new regulations, the commission to be named later, to write regulations that would be named later that would control the destiny of 1,300 health insurance companies and 100,000 health insurance policy varieties, options that the American people have.

All of that would have to jump through the hoops to be created later after the legislation has passed by people to be appointed later, including the health choice administration commi-czar-issioner.

So for the President to make the promise to the American people that if you like your health insurance policy

and your doctor, don't worry, you get to keep it—if you noticed, he had to change the language when he stood here and gave his address to the joint session of Congress—I believe that was September 8. That's within a day, Mr. Speaker, and his language changed to actually be: "Nothing in this bill will force you to give up your doctor or your health insurance policy."

Well, I don't know that that's true because something in this bill may force those companies out of business and may disqualify your health insurance policy, and it may discourage your doctor to the point where he decides that he wants to go drive a taxi cab like they do in Cuba. If you want to meet a doctor in Cuba, take a taxi. You'll get in the back seat of a 1954 Chevy with a five cylinder Russian diesel in it, and the guy behind the wheel might be a doctor. They have a lot of doctors in Cuba. It pays better to drive a taxi cab.

So this reach that we have of taking the private insurance companies, 1,300, and force their 100,000 policies to go through new regulations to be written—and we know there are going to be fewer than 100,000 policies—so people will lose their policies.

I hope the President, Mr. Speaker, turns on C-SPAN and understands what I'm saying. He can't say it any more, Mr. President. If anything more like this passes, people will lose their policies, and they're likely to lose their doctor.

And you haven't told the Speaker of the House that she can't support something like this if she's going to be consistent with the intent of the language that she used herself.

So, Mr. Speaker, I'll submit that this, the recharacterization, needs to revert back to the language of the bill. And we need to understand what happens when bureaucrats make decisions. And by the way, we sometimes just need to listen to the people on the other side of the aisle. They're for single-payer government takeover. A hundred or more of them have signed a letter saying they would vote against a health care bill if it didn't have a "government option." Excuse me, that's not the right quote. The quote is a "public option."

Mr. Speaker, a public option is a government option. It is a government takeover of the health care industry eventually. And, by the way, this is the purple circle of the 100,000—it won't be 100,000—but those that are left of the original 100,000 policies and the 1,300 companies. This purple circle, the qualified health benefits plans, that will be the private sector that actually meets the regulations after 5 years.

Fewer companies, fewer policies. We don't know how many, but we do know this: the government then would produce a public health plan. That's the second purple circle here. They would be under this health insurance exchange. So envision that as maybe an Internet site you would go to that

had a series of bureaucrats behind there that would make recommendations, evaluate policies, and let you look at the government option versus the private sector option.

□ 1645

But this public health plan, this government option, has to be set up with Federal taxpayer dollars. You can't start an insurance company without capital. Where is it going to come from? The American taxpayers. And where does our money come from now after we have long past burned through the tax revenue for the 2009 fiscal year? It comes from the Chinese and the Saudis. And we are borrowing money from foreign countries. We are borrowing money to buy things from them, and now we would be borrowing money to start up a health insurance company. In any case, it would be national debt money, billions that would be the capital foundation to set up an insurance company so that there would be conceivably 1,301 health insurance companies. One more company.

The President's view was, we need more competition in the health insurance industry. So, if 1,300 companies is not enough, set up a Federal company. That will be the difference. And we will borrow money and put billions into it. And now this enterprise, this Federal enterprise that is in direct competition with the private companies has to succeed.

Well, if it can't sell policies, it can't succeed. So how does the government go about doing this? Well, they set the premiums low enough and the benefits competitive enough that they can get people to buy the policies, otherwise they are an irrelevant entity.

So I guess you would say that's fine, except we need to understand this. The regulations that would be written for the government plan would be regulations that are written so the government plan can compete with all of these private plans, which means that the regulations would be written to favor the government plan. And the premiums the government would charge would be premiums that are designed to be competitive, and I'm going to say likely cheaper than can be offered in the private sector. And so the result of that will be that either we are going to have to subsidize the government plan health insurance company, or we are going to have to regulate these private sector businesses out of business.

It's how government operates. We have several models that we can look at.

The simplest and most stark of them all is the National Flood Insurance Program. If you want to know, Mr. Speaker, how health insurance will go if we have the government option, look at the National Flood Insurance Program. We had a government option on Federal flood insurance. In 1968, this Congress passed legislation that established the National Flood Insurance

Program. We had property and casualty insurance companies in the private sector that sold flood insurance. But when the government got involved, they set new premiums and new regulations, and they still couldn't crack into the market well enough. And so then they passed a regulation that required that a real estate loan through a national bank had to include flood insurance. And when they put that mandate on the national banks, they required the flood insurance to be purchased—from where? The Federal Government. With premiums set by? The Federal Government.

Today, it is impossible to buy flood insurance in America from anyone other than the National Flood Insurance Program because the Federal Government has squeezed out all of the competition, and the Federal Government owns the entire territory.

We have today—I say “we,” the Federal Government has a monopoly on flood insurance. And their operation is pretty wobbly because they are \$19.2 billion in the red. That's billion with a B, Mr. Speaker. The National Flood Insurance premiums don't reflect the risk. They've pushed out all the competition. They've lowered the premiums. And now what are we doing as a result? We are building more and more and developing more and more real estate in floodplains because the premiums for the flood insurance are cheaper than the risk. And so people can do that, and we create more risk accordingly.

The markets, Mr. Speaker, can restrain and bring about rational decisions. Bureaucrats make mistakes over and over again. That's the Federal flood insurance. That's what will happen to this Federal health insurance if it should get passed.

In addition, we have the school loan program. Twenty-five years ago, that was completely private. The private lending institutions set up the school loan program. But today, thanks to some very liberal Members of Congress, it looks like the steps have been taken that will, within a very short period of time, squeeze out what is left of the private school loan program, the school loan program, where I will predict that within 5 years from today, if there isn't a dramatic difference in the elections that are taking place in this country, there will be nothing but government student loans. There will no longer be any private student loans.

This is a country that was built on free enterprise. We are a proud and independent people. We are slowly settling into dependence.

We have handed over the private sector flood insurance. And by the way, in the State of Florida, they have State hurricane insurance now that owns that market, because they decided government could do it better than the private sector.

Over and over again, we give up our freedoms and we forget about the underpinnings of American exception-

alism and the markets and personal responsibility. I heard the gentleman from Ohio say last night, I believe it was, that if you get sick, you may have to go into bankruptcy to pay your bills. He then asked the question, is that freedom? Well, yes, actually. This is a country that if you're going to have freedom, you have to be willing to take some risks. You have to have the freedom to succeed, and you have to have the freedom to fail.

Now, I'm all about, and many of us are about reaching out to our neighbors and our friends, and we don't want people that have been responsible to have to pay a consequence because they happen to be very unfortunate. But by the same token, I don't want to take away the personal responsibility from the American people.

I remember when Jimmy Carter was running for President. He said this profound thing. Well, for Jimmy Carter, this was a profound thing. He said, the people that work should live better than those that don't. Now I don't know whether he actually lived by that or set policy by that. But I remember when he said that because it caught my attention. This was maybe 1976 or so. The people that work should live better than those that don't. The people who step up and take responsibility should at least have a modicum of benefit for taking that responsibility.

But the effort over on the Democrat side of the aisle seems to be take all the responsibility away from the people because I think they disrespect the ability, the work ethic, the character, the morality, the discipline, the education, the intellect and the core values that we have as American people.

We can rise above anything. Mr. Speaker, we are not a regular people here in America. We're Americans. We're not just an extension of Europe. That was the base of our original population. We are far different from that. We are a people that are the recipients of all the best that came from Western civilization. But we have got also the cream of the crop from every donor civilization.

The vitality that it must have taken and the dreams that it must have taken to be able to get on a ship and find a way to barter your way for passage or pay the passage to come across here. My great grandfather multiple times over came over here in 1757 from England. He served as an indentured servant in a livery stable and paid off his passage. He was the father of 17 kids, and their dreams were realized. And multiple generations arrived here that way. That's part of what is the core of who it is to be an American. It is not a normal, regular thing. We're not just an extension of Europe or any other country. We have a special vitality, because it has been hard to get here, and you had to have a dream to come here. The people that didn't have a dream stayed home in their own country. And some of them sat back and didn't work and didn't excel.

Many came here for religious freedom. Many came here for economic freedom. And many more came here for religious and economic freedom. That beacon of the Statue of Liberty was in the minds of the American people and an inspiration for the world long before the statute was put up at Ellis Island. We are a unique people that have relied upon this freedom. Our vitality has been an inspiration for the world.

We sit in the Congress and we begin to erode these freedoms one after another after another and trade them off for a dependency. If we take this false clarion call that somehow we can push the expenses for this, the debt for this, off on to the succeeding generations, what moral standard would anyone have to make a declaration to the little kids growing up in America and those children not born, that we, our generation, in our time, have somehow a right to put them in debt in the first place? And secondly, what right do we have to put them in debt because we want to give everybody in America not health care—not health care—because everybody in America has access to health care. The argument is we want to give everybody in America a health insurance policy created by the government.

Think how this works. This single-payer national health care plan is the goal of the President of the United States, the goal of the Speaker of the House and the goal of the leadership here. And I know that there is reference made to the chairman of the Judiciary Committee, Mr. CONYERS. I went back and pulled a bill that he had introduced on health care in 1981. It's getting to be a while back now, 28 years ago. I know Mr. GINGREY referenced him in his earlier speech. But I read the bill. That bill I read. It was about 167 pages. It sets up a United States health services department, an agency.

It says in there that every human being, every person, in the United States, legal and illegal, whatever their status might be, whatever their proclivities might be, has a right to quality, timely and respectful health care, a right to this in 1981. It's pretty astonishing to read that.

Now you can have that concept, I guess, and that is the concept of the chairman. But to follow this thing along, he also declares that everybody has a right to this health care, legal and illegal, but in addition, all health care workers will be salaried employees. So he sets up a national company to manage all the health care in America, and no worker can be there working off a fee for service. The brilliant surgeons that are creating new ways to save lives and improve the quality of lives, and new surgical techniques and new equipment, they would all have to be paid at the end of the month just like the person who is, let me say, maintaining the building.

It takes away the incentive. You have forgotten completely about the

difference between being an American and being a regular dependent soul in a social democracy in Western Europe, for example.

We have got to remember: We are Americans. We are a distinct group of people. That kind of idea of socialized medicine is anathema to freedom-loving, freedom-breathing people. If we bargain it away, it's never to be retained again, not in this generation, not in any other.

I will conclude and go to the gentleman from Missouri.

There's a lot at stake here. The future of America is at stake. And it is not just this national health care act. It is the socialized medicine that lies underneath it. It is the cap-and-trade which pushes our industry to India and China. It's the comprehensive amnesty policy that they are preparing to deliver. If any combination of these three should become law, they will try to ram the rest of them through. And that, Mr. Speaker, sounds to me like the end of American freedom.

I will stand and fight it every step of the way, as will my friend from Missouri (Mr. AKIN) to whom I will be very happy to yield whatever time he may consume.

Mr. AKIN. It's my pleasure to join my good friend. And as you talk a little bit about freedom, you have spoken in somewhat general terms about the effects of the government taking over paying the doctors and what that would do. But I would like to get a little bit more into the details, because I think we have to remember the results of what that freedom has done in the area of medicine.

The level of innovation that has occurred in medicine in a free society such as ours is just incredible. And it is America that drives all of these new developments of various drugs. It is America that is driving all of these things like laser surgery for eyes.

We see examples now of something that was considered a very risky and strange procedure that wasn't covered by insurance company, called Lasik surgery for your eyes, which now is tremendously common. My wife had some 10 years ago, and her vision was terrible. It's much better than mine now because of the fact we had this innovation. We have innovation in terms of heart surgery and the way that we deal with that. My dad just had a seven-way heart bypass. That was something that wasn't available 30, 40 years ago. And he is surviving and doing well at 88 years old. There are so many different kinds of innovations, use of radiation which is now focused in a very, very tiny area to be able to destroy cancer, and different types of drugs and things. All of this innovation is the product of freedom, because as people take risks and try new ideas, new and better ways to do things are born.

It struck me, my good friend from Iowa, that it was said that it wasn't until about the First World War that when you got sick and went to a doctor

that you came out ahead. In other words, if you went to see a doctor before World War I, it was certainly after the Civil War, but if you got sick and went to see a doctor, at least 50 percent of the time you would leave the doctor worse than where you started. And that is, of course, kind of a grim situation to be very sick and have to see a doctor knowing you have got less than a 50 percent chance to do better than when you started.

Mr. KING of Iowa. If the gentleman would yield, how would you compare those results to the results of dealing with the Pelosi Congress today?

Mr. AKIN. I'm afraid that America is probably less healthy under the results of the Pelosi Congress. If you were to judge in economic terms, you would be talking in trillion-dollar measurements of less healthy. You would be talking about excessive spending and excessive government control.

I think sometimes history is so close to us we fail to grasp the significance. Did you ever stop to think that the President of the United States fired the President of General Motors? That is an incredible intrusion that our forefathers would say, What? I can't believe that.

And now we are talking about this isn't just a sort of semi-benign Lyndon Baines Johnson war on poverty. He figured out there were people that were hungry out there, so he decides to hand out some food stamps, which has turned out to be a very corrupt program.

□ 1700

So he decides to hand out some food stamps, which has turned out to be a very corrupt program, but he didn't try to have the government take over every supermarket and every farm in America.

You've got 100 million people that have got good health insurance, good relations with their doctors and hospitals, getting good medical treatment, and for what he started saying, 30 million, and then your chart I see coming up is going to explain about how small this is.

So we're going to basically have the government take over the entire system and mess everything up for 100 million people in order to try and help 15 million? I mean, just the common sense of this. And you're talking about the Pelosi Congress. I will tell you, the patient is a lot sicker than they were 6 months ago, my friend.

Mr. KING of Iowa. Reclaiming my time and thanking the gentleman from Missouri, and I hope we can continue this dialogue. You've inspired me to go with this other chart. Some say 50 million uninsured. The highest number I generally hear is 44 million to 47 million, but this is the 47 million uninsured chart.

Now, the President has said there are two things that are very compelling that cause us to have to go down this path of a national health care plan.

One is we spend too much money. We spend about 14.5 percent of our GDP on health care. The average of the industrialized world is 9.5 percent.

So we may spend too much. We could fix almost all that with tort reform and allowing people to buy insurance across State lines. The too much question, spending too money can be fairly easily resolved. The other component of this is too many uninsured.

The gentleman from Missouri.

Mr. AKIN. Now, who is it that should allow the Federal Government to tell American citizens whether they're spending their money in the right place? Isn't that kind of this Big Government top-down mindset that comes up with something as dumb as that?

If you're sick, you're going to spend as much money as you need to try and get well. Who's to tell you you spent too much or too little? Even the very sniff of that speaks of this Big Government mindset.

Mr. KING of Iowa. I'd suggest it's probably the predecessors to Merkel, Sarkozy, and Gordon Brown, or maybe even they, themselves. In fact, I heard an actual dialogue with Chancellor Angela Merkel. We spend too much on health care. They have that look-over-our-shoulder tendency, as if global norms would be right. I remember one of those contributors to global norms would be the health care industry in Iraq. When we went in there in March of 2003, the average annual expenditure for health care per person in Iraq was fifty cents per year. So I suppose you could add that into the global average.

We do spend a lot of money. We get great results. And I haven't heard the American people complaining all that much about their results, because they are great results. But if we want to take the cost down, then we take care of medical malpractice.

I talked to an orthopedic surgeon—and my days blend together, but I believe it was yesterday—that out of his small little operation they spend more than a million dollars a year in premiums for malpractice and in unnecessary—unnecessary tests in order to avoid the litigation. Defensive medicine, over a million dollars a year out of what he considers to be a small practice; what I consider to be he's a great contributor to our society and to our civilization. That's multiplied across the country.

When I hear numbers that come from representatives that are part of the health insurance underwriters in America and they tell me that 8.5 percent of the overall health care costs are malpractice premiums, litigation, and defensive medicine, those three things in that category, and I multiply .085 times the gross receipts for the cost of health care, that comes to \$203 billion a year unnecessarily spent because the trial lawyers have that corner of the market fixed, and there's no will on HARRY REID's side of this Capitol building or NANCY PELOSI's side of this Capitol building. In fact, there's a

huge will to resist addressing malpractice and the reform of lawsuit abuse. That's the best and most important thing we could do.

We evaluate these bills on the part of a 10-year plan; \$203 billion a year. If we could fix it all, that's over \$2 trillion. The President, in fixing the health care industry that he says costs too much money, only proposes to fix it by putting another \$1.6 trillion into it. So we simply fix the malpractice and we have been able to fund all the other ideas which I don't agree with. That's a component of this. It needs to happen.

And then we have the uninsured, Mr. AKIN. I would like to raise the issue about the uninsured. These 47 million—now, this chart has got somebody else's software that did it, so I will tell you the numbers that I remember that I have vetted to be accurate.

Starts out with 47 million uninsured. We need to fix this because there are too many uninsured in America. So what are they comprised of? All people who don't have affordable options? No is the answer, and here's what it's comprised of.

These are the illegal aliens. This chart says 6 million. Mine said 5.2 million. Then you have those that are here in the country legally that the law bars from benefits. That's the 5-year bar. It's a matter of solid Federal practice. They add up to 10 million—10.2 million, actually.

Then you have those who earn more than \$75,000 a year. That's about 9 million people. And, presumably, they could write a check and buy themselves at least catastrophic insurance. They are not in a position where we need to tax somebody that makes less to take care of those people that are making more.

Then you go on down the line. Those that are eligible for government programs; that number is actually 9.7 million. Most of that is people that qualify for Medicaid but don't bother to sign up. And then you have those that are eligible for employer insurance, roughly 6 million people, that either opt out or don't opt in to their employer-offered plan.

So once you add up all of these people and you subtract these numbers that I believe are not the target of this dialogue and rhetoric or the bill, you end up with 12.1 million Americans that don't have affordable options. That's less than 4 percent of the population.

This is what it looks like, Mr. Speaker. This is the entire population of the United States here, 306 million people, maybe 307 million by now, and these are the categories that I have mentioned: illegals/immigrants; those with \$75,000 a year; those that qualify for, generally, Medicaid; those under an employer's plan. But over here, this little sliver in red, those are the Americans without affordable options. Less than 4 percent; 12.1 million people.

All of the rest of these people, not only are they insured, but they're happy with what we have.

Mr. AKIN. So what we're doing, gentleman, is we're saying we're going to scrap the whole system, have the government take it over, because of that little 4 percent thing. I came from the engineering world, and there's one thing about solving a problem. There's another one to have a solution to just try to force your solution on something that doesn't make sense.

It appears to me that the solution is we want the government to run everything. We want the government running health care, so we're going to force a government solution just because of that little red—that isn't even a decent piece of pie. You couldn't even gain any weight on that amount.

Mr. KING of Iowa. A tiny little sliver. Even though 12.1 million people are a lot of people, they're still a small percentage of the American population. And to upset a hundred percent of the health insurance industry, perhaps destroy a hundred percent of the health insurance industry and change the delivery system for the best health care delivery system in the world, all of that—this is an excuse for a government takeover. It's not a reason.

And if there's anything that my father taught me, he said, you know, Son, there's a difference between reasons and excuses. And I'm your dad and I will tell you I know the difference. And I don't have to explain it to you. I will just label them as such.

Well, this is an excuse, and I will label it as such. It's not a reason, not a reason to upset the entire industry, but an excuse because the people on this side of the aisle believe in Big Government. They don't believe in the American people, and they are sapping our vitality.

Mr. AKIN. Gentleman, the truth of the matter is we're not standing here defending everything about the American health care system. There's things that need to be changed, and we've talked about those things. You have mentioned on the floor that tort reform has to be a big part of it because tort reform is just using up a whole lot of money that doesn't need to be spent, which could be spent on good medicine. So that's one item.

But there's some other things that I think almost any American, if you heard about it, would say, Oh, yeah, that's right. For instance, there are some people in America who get to buy their health insurance using pretax dollars; whereas, small business men and self-insured people have to use the money they pay after they've paid taxes on the money.

So that's not just justice. People are not equal before the law. We say we're a Nation of laws, but that's not a just solution. What we should do is that everybody should use the same equation. I think you and I would agree that we just pay for health insurance with pretax dollars. That would be making everybody consistent.

There's a second thing that we could do. Another thing is the idea of a medical savings account. You could allow

people with pretax dollars to set money aside. They could use that money to buy health insurance or to pay medical bills. And if they don't use it, they can keep it earning interest in an uninsured account. If they up and die, they can pass it on to their kids. That makes sense, too. That allows us to allow Americans having their own money, buying health care, and that equation starts to get people to shop for prices. So that's another good idea. And there are quite a number of other ones that we've proposed.

You mentioned another one which makes a whole lot of sense. People say, Oh, well, you're trying to help the big insurance companies. No. What we want is reasonable competition. And that idea of being able to shop for health insurance across State lines is a very effective and competitive mechanism, because if one State has got laws that allow the insurance to be purchased at a lower price, then why can't a citizen, particularly where we have a big metropolitan area that bridges two different areas, get their health insurance from places less expensive?

So there's another idea that's been proposed. And there are other ones. I don't want to run too long on your time, gentlemen, but there are a number of things that we can do to make medicine better in our country.

Let me tell you. You know who votes with their feet? You get some sheik in Bahrain or some other place or some other part of the world that's loaded with millions of dollars and they get sick, guess where they come to get their medical care? They come to the good old USA. That's because our medical system is not bad. It's producing very good results. It's just that there's a lot of cost shifting going on.

Here's an idea, gentlemen. I just toss this out for you to think about it. Somebody summarized, if there is a problem with American health care, the problem is this: that is that one-third of Americans are paying nothing for it and the other two-thirds are paying for it, and that that cost shift is the problem, that one-third are paying nothing. And that's part of what's causing our cost shift problem.

I'd yield.

Mr. KING of Iowa. Reclaiming, I thank the gentleman from Missouri. Initially, I put this concept out here, Mr. Speaker, that the circumstances that are going on this way are that for a long time those that are in the income-earning and productive years of their lives have been paying for the health insurance, the health care of those that are retired. We've decided to do that. It's a matter of public policy. And I don't hear an objection on the part of the people that are paying their taxes on their payroll to support Medicare. In fact, I don't hear a complaint very much on the funding that goes into Medicaid at the lower-income side. And, generally, the younger people are beneficiaries of Medicaid.

So you have on the low-income side Medicaid funded by the working, pro-

ducing, tax-paying Americans, and on the senior citizen side you have Medicare funded by the working, producing, tax-paying citizens. But in the middle, those working, producing, tax-paying citizens today at least have the freedom to choose a policy of their choice, buy a policy of their choice or not buy a policy of their choice. And this bill, H.R. 3200, takes that away.

And the subliminal message that I have not heard articulated that seems to be viscerally understood is that the people that are paying for Medicaid and Medicare out of their paycheck because they're going to work every day and managing and planning, now the government is saying, You no longer have the freedom to choose your own. You have to pay for everybody else's. You've been doing that a long time, but now we want to take away your right to buy your own health insurance policy. And that sticks in the craw of the American people because it diminishes freedom.

Mr. AKIN. That strikes me a little bit as, first of all, you run over them with a car and then back over them to say you're sorry. I mean, you're getting them coming and going.

First of all, they're doing what we would say is the right thing as a responsible citizen—having a job, buying health insurance, and trying to take care of their own bills—and now you're going to tax them for doing the very thing that you wanted them to do in the first place.

There's a basic rule of economics, and that is what you tax, you get less of, and what you pay for, you get more of. The more people you pay for free medical care, you're going to get more and more people signed up for it. And the more you tax people who are working and paying for their own health care, you're going to get less of it. So why in the world would we want to adopt a policy like that?

The interesting thing is, gentleman, this proposal, the Pelosi health care proposal, in spite of the fact that a lot of major media is pushing it and the President is pushing it and all kinds of people like that are pushing it, the American public is not buying this thing. And I was just kind of thinking in my mind, Who would be against this? Why is it that the polling data shows that this is not popular with the American public? And I'm thinking, well, it's almost like politics, in a way.

□ 1715

How many groups of people does this Pelosi plan antagonize? Well, let's see. First of all, if you're on Medicare, you're going to take \$500 billion out of Medicare. Well, the people who are on Medicare are thinking, I don't want you to take \$500 million out of the place where I'm getting my health. So the older people—who are pretty regular voters, by the way—they don't like this thing.

Well, then you've got other people. Gentleman, you were a successful

owner of a small business. Well, the small business guys are going to get soaked to have to pay for this plan, so they're not too enthused about it. Then you have some other people. They call themselves pro-lifers. They don't like this plan very well either because there was an amendment offered in committee making it clear that we weren't going to use this government socialized money to pay for free abortions. That amendment was defeated in committee. It is very clear that this money is going to go for abortions, and that's why National Right to Life says, This is the biggest threat in the pro-life area since Roe v. Wade.

So the pro-life people don't like this, small business people don't like it, older people don't like it. Then you have got the 100 million people that have their insurance, doctors that they like and a system that's giving them good health care, and basically you're creating something that's going to destroy that, and they're going to have to change to a government system within some number of years, so they're not liking this.

After you start adding those people together, it starts to make sense why people don't like this. And particularly, most Americans at a fundamental level understand that good health care has to start with a patient-doctor relationship. It has to start with the doctor and the patient deciding what is the right health care alternative. We don't like it when some big insurance company sticks their nose in that relationship, and we like it a whole lot less when it's going to be a government bureaucrat.

Mr. KING of Iowa. Reclaiming again, I completely agree. As I'm listening to the gentleman from Missouri, the engineer who sees things in black and white and finite formulas that work out or else they can be checked and balanced, a logical approach is, let me say, that's the engineering approach. As I'm listening to this, it's triggering in my memory some of the things about what it was like to start and run a business for 28 years and what the motivations are. Now my business, a construction business, seasonal business. I looked at it, and I look at it from this concept: I wanted to have people that I could rely on. I wanted it to be a career. So I set things up where we would keep people on all year long, even though it was a seasonal business. And when things freeze up in Iowa, and it gets cold, there is frost and the temperatures go down, we move people into the shop where we would rebuild our equipment.

Sometimes we would take on some custom work, fixing somebody else's, but we kept them around. I kept people around 12 months out of the year. I want them to have a health care package. I want them to have a retirement plan. I want them to have a vacation plan. That's all fine when you pay the payroll, but when the government

interferes—for example, the unemployment tax, and if they would offer unemployment benefits and sometimes they gave unemployment benefits to somebody that just didn't want to work. But it was sometimes impossible for me to fight it.

So even though I had my reading at zero, if you're not willing to fight that, many others would see it go up to 9 percent, and they'd pay the percent of their payroll to unemployment because government regulation had decided they knew better than the marketplace. As I said, the year-round work part of this, keep people working year round. Well, the incentive is, if you're going to pay unemployment at the top rate anyway, you might as well lay people off rather than keep them working when you don't really need them. So instead, they become piecemeal workers rather than career employees.

Then the Federal Government decided, you shall pay union scale, Davis-Bacon wage scale, and we'll decide what those categories are. Now you have people jockeying for a position, undermining the efficiencies, and the Federal Government looking over your shoulder, telling you how to run your business. All of that still has created inefficiencies by government regulation that bring about the illogical, irrational business decisions until you consider the government regulation. Then it becomes rational within those rules.

To throw this health care thing on top of it, employers that have capitulated and decided they're going to use people as piecemeal workers rather than career employees because of too much regulation, they're going to also decide, I'm not going to pay this health insurance. I am just going to pay the premium. I'm going to add it on to the price of the work I'm doing, and it undermines the relationship between employers and employees. That's a component of all this.

I wanted to throw out before our time ticks down, in what I believe is about 6 minutes, a little subtle segue, Mr. AKIN. I think most of America should know what this little subtle segue is. This is a pervasive influence of the corrupt criminal enterprise ACORN. ACORN has developed since 1970, 39 years, to be this insidious operation of now, according to a Government Reform report issued by Mr. ISSA of California on July 23, 361 affiliations, affiliations that have been engaged in shaking down lenders across this country in 120 cities.

Put this in your mind, Mr. Speaker. This of Chicago, Chicago politics, Chicago hardball politics. The make-a-deal—this is shakedown. The head of ACORN who recruited President Obama and is proud of their relationship has bragged about going into lenders' offices and shoving the banker's desk over against the wall and surrounding him with ACORN people and intimidating that lender into making bad loans in bad neighborhoods.

Mr. AKIN. You know, you talked about a lot of corrupt and illegal practices, gentleman. And when I think of ACORN, maybe as an engineer, I'm thinking cause and effect. ACORN is more closely associated with the central nerve center and hub of what created the housing crisis and the housing bubble in America. They're the ones that basically started all of these bad loans which Wall Street then lied about, saying that they were good loans, packaged them up and sold them all over the world, creating the current economic crisis. So if you want to look at the epicenter of what created, for many of us who lost 30, 40 percent of our life savings in this economic mess, you're looking at the symbol of that ACORN. I'm glad you've got a line through it because we don't owe them any favors.

Mr. KING of Iowa. These are the people that are undermining American freedom more aggressively than any other. They're in many, many walks of life. Their influence is pervasive. They are at the core of the mortgage meltdown crisis. The intimidation factors, the shakedown in the cities of the lenders and at the same time the lobbying effort where they spent millions in this Congress to push to lower the underwriting standards on the secondary market of Freddie Mac and Fannie Mae. The chairman of the Finance Committee, Mr. FRANK, has been engaged in lowering and fighting off the increased capitalization requirements of Freddie Mac and Fannie Mae, and that was lobbied by ACORN. If you look back through the financial crisis in the community level, it is ACORN at the core of that. The President of the United States has been at the beginning of this. His entire political career he has been part and parcel, tied to ACORN, and he has said so, and the videotape is available.

Mr. AKIN. The interesting thing is, our judicial system should be punishing lawbreakers, and yet what we saw just a few weeks ago was a couple of courageous—I don't know if they were college students—some gal with some pretty legs going in with a hidden camera at ACORN and getting all of the financial information necessary and the legal information, how they could set up a house of ill repute, bring in underage illegals to work, to write them off as dependents so that the taxpayer is paying some of the tab so that this guy could run for Congress because he started this illegal brothel.

This whole thing is on tape, and yet we've got the Justice Department and all of these institutions of law in America that should have been cracking down on this organization; instead, you've got a couple of courageous kids that are barely out of college, taking some videos and capturing the attention and building the rage of the American public. It is just mind-boggling that our government is so inefficient and so unable to stop this organization that passed out money like it was water down here in Washington, D.C.

Mr. KING of Iowa. The crimes that they were promoting and supporting in those five major cities, Baltimore, Washington, D.C., Brooklyn, San Bernardino, California, and San Diego, California. All of that at an organization, and the President claims that he is not paying attention to this. I will submit, he knows who Joe Wilson is. He knew who Professor Gates was. He got involved in Officer Crowley's law enforcement up near Harvard, but he says he doesn't know what's going on in ACORN, even though I have seen the videotape of the President speaking to ACORN, telling them, We walk this walk together. ACORN was involved in promoting a whole series of crimes within these five cities, including: promotion of child prostitution; illegal immigration; violations of the Mann Act; helping to facilitate mortgages for a house of ill repute and telling them how to avoid taxes, report only 10 cents on the dollar and then qualify for the earned income tax credit, tapping money out of the taxpayer; and the child care tax credit for little children prostitutes.

And were these mothers that were sitting behind the desk at ACORN when we saw the face of them? I heard children playing in the background. They're recruiting girls to be prostitutes while girls are being raised in the background. Those things happened, and there are some similarities in five cities across America. And that's not the full spectrum. The voter-registration fraud, the voter election fraud. Today in the State of Nevada, ACORN, as an entity, is under prosecution right now. The trial is going on right now about ACORN's fraudulent voter registrations, and Troy, New York, fraudulent votes—Mr. Speaker, this has got to stop.

SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

(The following Members (at the request of Mrs. CAPPS) to revise and extend their remarks and include extraneous material:)

Ms. WOOLSEY, for 5 minutes, today.

Mrs. CAPPS, for 5 minutes, today.

Ms. KAPTUR, for 5 minutes, today.

Mr. SCHIFF, for 5 minutes, today.

(The following Members (at the request of Mr. GOHMERT) to revise and extend their remarks and include extraneous material:)

Mr. FORBES, for 5 minutes, today.

Mr. BROWN of Georgia, for 5 minutes, today.

Mr. POE of Texas, for 5 minutes, October 8.

Mr. JONES, for 5 minutes, October 8.

Mr. WOLF, for 5 minutes, today.

Mr. BURTON of Indiana, for 5 minutes, October 6, 7 and 8.

Mr. PENCE, for 5 minutes, today.

Mr. GOHMERT, for 5 minutes, October 6, 7, and 8.